

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kyti-fm		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1716 KROE Lane		Amount 173.40	
City State Zip Code Sheridan WY 82801		<b>Transaction ID:</b> EE435F17D18894398BB4	
Purpose of Expenditure S4WY00055 Ad		Office Sought: <input type="checkbox"/> House State: WY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: CRAIG THOMAS		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4772.22		2006	
Full Name (Last, First, Middle, Initial) of Payee Carol Tobias		Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 34 Melcor De Canoncito		Amount 8.00	
City State Zip Code Cedar Crest NM 87008		<b>Transaction ID:</b> EB13C0B9C779E4487923	
Purpose of Expenditure H2KY04071 GOTV Calls		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Geoff Davis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 11213.35		2006	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		181.40	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	